County: Marion

Facility Type: Adult Day Care

Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date NEW GENERATIONS ADULT DAY CENTER OF MARION 35 Marion / Corporation 300 JONES AVE EXT 300 JONES AVE EXT MARION, SC 29571-3222 FAC.#:843-423-6488 MARION, SC 29571-3222 NEW GENERATIONS ADULT DAY CENTER OF FLORENCE INC PH#: Facility Email: ANN@NEWGENERATIONSHC.COM ADC-0184 / 11/30/2014 Number of Participants: 35 SAINT PAUL BAPTIST CHURCH ADULT DAY CARE Marion / Non-Profit Corporation 30 163 E LAUREL ST PO BOX 469 MULLINS, SC 29574-3219 FAC. #:843-464-9829 MULLINS, SC 29574-0469 HINES, MACK T PH#: 843-662-5435 SAINT PAUL BAPTIST CHURCH INC Facility Email: BAPT3016@BELLSOUTH.NET ADC-0164 / 04/30/2015 Number of Participants: 30 TROY-JOHNSON INTERGENERATIONAL DAYCARE Marion / Corporation 106 GAPWAY ST 106 GAPWAY ST MULLINS, SC 29574-3010 FAC.#:843-464-8565 MULLINS, SC 29574-3010 TROY-JOHNSON, JACQUELYN PH#: 843-464-8565 TROY-JOHNSON INTERGENERATIONAL DAYCARE INC Facility Email: JTROYJOHNS@AOL.COM ADC-0188 / 11/30/2014

7

Totals For Facility/License Type: Adult Day Care

Number of Activities/Facilities licensed: 3 Number Licensed Units: 72

1

Number of Participants:

County: Marion

Facility Type:	Community	Residential	Care	Facility	

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensed Licensee Units License Nbr/Expiration Date				
M & M RESIDENTIAL CARE HOME	Marion / Sole Proprietorship 5				
408 HOLIDAY ST	PO BOX 6023				
MARION, SC 29571-4416 FAC.#:843-423-0120	FLORENCE, SC 29502-6023				
PH#:	BURGESS, SANDI M				
Facility Email: Not on File	CRC-1379 / 08/31/2014				
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0				
Certifications:None					

Totals For Faci	lity/License Type:	Community Res	idential C	are Facility	
Number of Activiti	es/Facilities lice	nsed:1	. Number	r Licensed Uni	ts: <u>5</u>

County: Marion

Facility Type:	Hospice	Program
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Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MARION COUNTY HOSPICE CARE	Marion / Limited Liability	1
2614 E HWY 76 UNIT E	PO BOX 1106	
MARION, SC 29571-6336 FAC.#:866-472-4779	MARION, SC 29571	
JAMES, ASHLEY N PH#: 866-472-4779	MARION COUNTY HOSPICE CARE LLC	
Facility Email: JAMESASHLEYN@GMAIL.COM	HPC-0175 / 10/31/2014	
Counties Served: Marion		
SHEPHERD CARE HOSPICE	Marion / Ltd. Liability	6
210 S NICHOLS ST	PO BOX 392	
NICHOLS, SC 29581-6227 FAC.#:843-526-1186	NICHOLS, SC 29581	
GRAINGER RNLNHA, SHERRY PH#: 843-526-1186	SHEPHERD CARE HOSPICE LLC	
Facility Email: STGRAINGER@AOL.COM	HPC-0104 / 04/30/2015	
Counties Served: Darlington, Dillon, Florence,	Horry, Marion, Williamsburg	

Totals For Facility/License Type: Hospic	ce Program		
Number of Activities/Facilities licensed:	2	Number Licensed Units:	7

County: Marion

Facility Type: Hospital or Institutional General Infirmary

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensee

Units

License Nbr/Expiration Date

CAROLINAS HOSPITAL SYSTEM-MARION Marion / Corporation 124

2829 E HWY 76 PO BOX 1150

MULLINS, SC 29574-6035 FAC.#:843-431-2000 MARION, SC 29571-1150 COPE, DAVID PH#: 843-431-2000 QHG OF SOUTH CAROLINA INC Facility Email: DCOPE@MCMED.ORG HTL-0827 / 07/31/2014

Licensed Beds: General: 124 Psychiatric: 0 Rehab: 0 Substance Abuse: 0

Other Beds: NICU: 0 Neonatal Special Care: 2

Certifications: Swing Bed Unit(s), Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: _____1 Number Licensed Units: ____124

County: Marion

Facility Type: Nursing Home

Facility Name County/Ownership Type
Location Street Mailing/Billing Address
Location City, State Licensee

Administrator/Phone License Nbr/Expiration Date

Marion / Corporation 92

Licensed

Units

518 S MAIN ST 518 S MAIN ST

MULLINS, SC 29574-3510 FAC.#:843-464-8211 MULLINS, SC 29574-3510 MARTIN, TONYA G PH#: 843-464-8211 QHG OF SOUTH CAROLINA INC

Facility Email: TMARTIN@MCMED.ORG NCF-0828 / 07/31/2014

Licensed Beds: Nursing Home: 92 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

MULLINS NURSING CENTER

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: _____1 Number Licensed Units: _____92

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hlfactcc.rdf

June 2, 2014

South Carolina Department of Health & Environmental Control Division of Health Licensing

County: Marion

Facility Type: PSAD Outpatient

Facility Name

Location Street

Location City, State

Administrator/Phone

County/Ownership Type

Mailing/Billing Address

Licensee

Units

License Nbr/Expiration Date

TRINITY BEHAVIORAL CARE MARION OFFICE Marion / County

103 COURT ST PO BOX 1011

MARION, SC 29571-3009 FAC.#:843-423-8292 MARION, SC 29571-1011
BROCK, WILLIAM D PH#: 843-423-8292 TRINITY BEHAVIORAL CARE

Facility Email: DBROCK@TRINITY BEHAVIORALCARE.ORG OTP-0004 / 06/30/2015

Certifications:None

Tota	ls	For Facility/License T	ype: <u>PSAD</u> (<u>Outpatient</u>					
Number	of	Activities/Facilities	licensed:	1	Number 1	Licensed	Units	3	

6

County: Marion Facility Type: Renal Dialysis Facility Name County/Ownership Type Location Street Mailing/Billing Address Licensed Location City, State Licensee Units Administrator/Phone License Nbr/Expiration Date FRESENIUS MEDICAL CARE MARION Marion / Corporation 31 109 MERRITT CT 109 MERRITT CT MARION, SC 29571-6813 FAC.#:843-423-4673 MARION, SC 29571-6813 LEGETTE RN, MARY PH#: 843-383-9526 BIO-MEDICAL APPLICATIONS OF SOUTH CAROLINA INC Facility Email: Not on File ERD-0068 / 08/31/2014 Licensed Stations: Hemodialysis: 31 Peritoneal: 0 Totals For Facility/License Type: Renal Dialysis Number of Activities/Facilities licensed: 1 Number Licensed Units 31 Number of Activities/Facilities licensed in county of # Lics: 10 Marion Number Licensed Units : 334 Report Totals

Total Number of Activities/Facilities licensed _____10 Total Number Licensed Units: ____334